

**MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
MONTANA CLEAN INDOOR AIR ACT - COMPLAINT FORM**

Today's Date: __/__/____ (MM/DD/YYYY)

COMPLAINT REPORTED BY:

Your name: _____
(Anonymous complaints may not be enforced)

Your street address: _____

City: _____ State: ____ Zip Code: _____ Phone number: (____)- ____ - ____

Signature: _____

COMPLAINT INFORMATION:

Name of Establishment/Individual: _____

Street Address: _____
_____ Phone number (day): (____)- ____ - ____

Type of business:

- | | | | |
|--------------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Bar | <input type="checkbox"/> Restaurant/Bar Combo | <input type="checkbox"/> Bowling Alley |
| <input type="checkbox"/> Bingo Hall | <input type="checkbox"/> Pool Hall | <input type="checkbox"/> School | <input type="checkbox"/> Office/Workplace |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Other | | |

DATE OF COMPLAINT AND VIOLATION:

Date of occurrence: __/__/____ (MM/DD/YYYY) Time of occurrence: __:____ ☐ AM ☐ PM

Description of violation (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Customer smoking | <input type="checkbox"/> Employee/Owner smoking |
| <input type="checkbox"/> No-smoking sign not posted | <input type="checkbox"/> Smoking allowed in non-smoking area |
| <input type="checkbox"/> Smoke infiltrating into non-smoking area | <input type="checkbox"/> Youth <18 years of age in a smoking area |
| <input type="checkbox"/> Smoking on public school grounds | <input type="checkbox"/> Use of other tobacco products on school grounds |
| <input type="checkbox"/> Person-in charge fails to inform violator(s) to stop smoking | |

Briefly describe the violation below:

*Complaints are public information. By submitting a complaint you may be required to testify to the violations witnessed. Please return the completed form to: Montana Tobacco Use Prevention Program, PO Box 202951, Helena, Montana 59620-2951 or call 1-866-787-5247.

ACTION TAKEN (OFFICIAL USE ONLY)

Date and initial when each task is completed.

- ____ Complaint procedure explained to complainant
____ Complaint forwarded to LHD
____ Site visit or telephone follow-up

- ____ Warning letter sent to violator
____ Reprimand letter sent to violator
____ Referred to City/County authorities
____ Citation issued

Other comments:

INSTRUCTIONS FOR COMPLETING MONTANA CLEAN INDOOR AIR ACT - COMPLAINT FORM

- Step 1) Please complete the date and your contact information.
- Step 2) Sign the complaint form. Anonymous complaints can be accepted but they can not be enforced.
- Step 3) Complete the complaint information including the name, address, and telephone number for the establishment, and the type of business.
- Step 4) Complete the date and time of the violation, the specific violation(s) that occurred, and briefly describe the violation(s).
- Step 5) Mail the completed form to the –add local health department address here–

If you have questions about this process or the law please call the Montana Tobacco Use Prevention Program at 1-866-787-5247.